BEST PRACTICES

No. 6 Series of 2002 http://www.msh.org.ph

TECHNICAL EXCHANGE AMONG REGIONS IN THE PHILIPPINES

Background

The Department of Health currently implements the Matching Grant Program (MGP) in 183 municipalities and cities throughout the Philippines. The MGP assists these cities and municipalities to expand their service coverage and improve the quality of health services for women and children. The program uses a participatory and evidence-based approach to train local health staff and help them plan and budget health services. The training package aims to enable the local government units (LGUs) to assess unmet needs for four essential health services in their communities and to plan and implement interventions that enhance service delivery.

The field coordinators of the Program Management Technical Assistance Team (PMTAT) managed by Management Sciences for Health initially served as trainers and facilitators for the MGP Technical Assistance Package, which is being rolled out using the learning-by-doing approach. As the MGP expanded to more LGUs, MSH increasingly tapped the technical staff of the Department of Health's Centers for Health Development (CHDs) to manage and conduct training. This approach accords with the Local Government Code, which gives the regional offices the mandate to provide technical assistance to the LGUs. Using regional staff also furthers the program's aim of building capacity at all levels: central, regional, provincial, municipal/city, and barangay.

Even more important than building regional capabilities is giving regional staff the opportunity to share their capabilities with other regions. Interregional technical assistance was, thus, a major strategy adopted in the rollout of the MGP Technical Assistance Package. This strategy has enabled the regions to conduct simultaneous training courses for their LGUs. Regions helping regions is a new way of doing things. In the past, regions acted independently of each other, but, with the emergence of the concept of health zones, interregional collaboration became critical and inevitable, particularly for regions belonging to the same zone or cluster. Not only did this strategy enhance the CHDs' capabilities as providers of technical assistance, but, more important, it increased opportunities for regional technical exchange.



Participants from CHD-Eastern Visayas filling out sample CBMIS forms during the MGP-TAP training conducted by CHD-Southern Mindanao in Davao City.

How Interregional Technical Assistance Works

There were three ways by which interregional technical assistance for MGP training was operationalized. One model was for a particular regional team to participate in the MGP training organized and conducted by another region for its LGUs. A second model had the regional team undergoing the training together with its LGUs, with trainers from another region facilitating the training. The third model had one region importing trainers from another region to co-facilitate its MGP training.

Models 1 and 3 characterized the experience of the CHD in Eastern Visayas. To expedite the use of MGP funds, the CHD wanted to move ahead quickly with the MGP training for its LGUs, since the training is a precondition for funding of the Community-Based Monitoring and Information System (CBMIS) survey. Since there were no CHD staff trained in the MGP Technical Assistance Package at that time, the Regional Director explored with PMTAT the possibility of the CHD staff attending another region's MGP training. PMTAT, in turn, coordinated with the CHD in Southern Mindanao to include five participants, including the Regional Director, from Eastern Visayas in its MGP training in August (Phase I) and November 2001 (Phase II). The trainers from Southern Mindanao also acted as lead facilitators in Phase I (Preparing to Collect Data and



MATCHING GRANT PROGRAM Department of Health

Assess Needs) of the MGP training for the first LGU trainees from Eastern Visayas, which was held in Tacloban City. Two trainers from the host region served as co-facilitators.

Models 2 and 3 were the options for the CHD in Bicol. It was now the turn of the CHD staff from Eastern Visayas to provide technical assistance to and act as trainers for their regional counterparts and their LGUs. In September 2001, the MGP trainers from Eastern Visayas, with PMTAT staff, went to Tabaco, Albay, in the Bicol region to conduct Phase I training for five LGUs. Six CHD staff from Bicol joined their LGUs as participants and trainees. In November 2001, Bicol staff again invited the trainers from Eastern Visayas, this time, as their co-facilitators for the Phase II training (Analyzing Data and Designing Interventions) for their second group of trainees from six LGUs.

This interregional technical assistance for the MGP was made possible through the assistance of PMTAT. It coordinated the arrangements with the respective CHDs and funded the travel of staff from Eastern Visayas to Davao and Bicol and of staff from Southern Mindanao to Tacloban City. It also covered the board and lodging costs of the CHD staff for the duration of the training courses.

Lessons Learned

The people who were involved in this interregional initiative regard it as a significant new strategy to promote technical exchange. It enables the sharing of best practices and experiences between the imported trainers and the LGU participants. During discussions, the trainers can cite examples or cases from their area from which the LGUs can draw lessons, and vice versa. LGU participants welcome new trainers because they appreciate the chance to be exposed to new training styles and new perspectives.

The scheme also provides a venue for the regional trainers to learn new training techniques, styles, and approaches from their colleagues. This exchange strengthens regional capability for training, particularly as it relates to the MGP. It also promotes the "buddy system," with one CHD team helping another CHD team conduct its debut training. Moreover, it further develops the skills of imported trainers as their concern expands beyond training LGU participants in using the CBMIS to ensuring that their regional counterparts are molded as trainers to handle future training.

Another important benefit of interregional technical assistance for training is that it augments a CHD's human resources for training. For instance, with the additional trainers, the CHDs in Eastern Visayas and Bicol were able to organize simultaneous training for their LGUs and thereby facilitate implementation of the MGP in those areas. PMTAT has benefited because it can now relinquish some of its training responsibilities to the core regional trainers it has developed.



Trainers from CHD-Southern Mindanao and CHD-Eastern Visayas co-facilitating an MGP-TAP training organized by the latter for its LGUs.

Despite these benefits, some issues need to be addressed for this initiative to be sustainable. First, the CHDs need to allocate funds in their regional budgets to cover the transportation and board and lodging expenses of imported trainers. It is, therefore, important to enlist the support of the respective CHD Directors and their commitment to the efforts to institutionalize this initiative.

Second, representatives from all the CHDs need to sit down together and draw up a national calendar of training activities. This calendar would specify the areas to be assisted, the names of trainers to be used, and the schedule of training courses. This planning would help avoid scheduling conflicts and ensure that imported trainers are available when needed. An inventory of regional trainers, with their corresponding field(s) of expertise, will be needed, since a region's ability to participate in this initiative largely depends on its number of available trainers.

It is more efficient and cost effective to import trainers from a contiguous region because their transportation expenses are lower and they lose less work time due to travel. Distance could be a major deterrent to technical exchange, and it should, therefore, be a major consideration in deciding whom to invite as guest trainers. In addition, it is much more efficient if the guest trainers are able to speak the dialect of the participants, to facilitate discussion and understanding.

Finally, there should be a regular forum in which the regional trainers discuss and assess the progress and effectiveness of the initiative. This ongoing evaluation calls for the development of a monitoring tool that could serve as the basis for determining the sustainability of this initiative.

This publication was made possible through support provided by the U.S. Agency for International Development, under the terms of Contract No. 492-0480-C-00-5093-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

> Please address all inquiries to: Management Sciences for Health

Unit TN No. 4, 10/F Times Plaza Building U.N. Ave, Ermita, Manila, Philippines Tel. Nos: (632) 525-7145/52/56 Fax No.: (632) 525-6086 E-mail: info@msh.org.ph



